SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	I FOR LINE NUMBER		
Use separate schedule(s)	(check only one)		
for each category of the			
Detailed Summary Page	X 11a 11b		

FOR LINE NUMBER:			R: PAGE	E 354 OF	452	
	(check only one)					
	X 11a	11b	11c	12		
	13	14	15	16	17	

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or for comme	rcial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.		
	COMMITTEE (In Full) I Action Committee of the	e Ameircan Association of Orthopa	aedic SurgeonsPAC of AAOS		
	(Last, First, Middle Initial) Massanet-Vollrath MD		Date of Receipt		
Mailing Address Vereda st. #27 Monte Verde Real			06		
City San Juan		State Zip Code PR 00926	Transaction ID : 4926114 Amount of Each Receipt this Period		
	mber of contributing itical committee.	C	250.00		
Name of E		Occupation			
Self Employ Receipt Fo		Orthopaedic Surgeon			
Prima		Aggregate Year-to-Date ▼ 250.00			
B. Arnold N	(Last, First, Middle Initial) M Schwartz MD	Date of Receipt			
Mailing Add	dress 15 Beardsley Lane		06 11 _2013 _		
City		Transaction ID: 4926119			
Huntington		NY 11743	Amount of Each Receipt this Period		
	mber of contributing itical committee.	C	1000.00		
•	c Spine Care of Long Island	Occupation Physician			
Receipt Fo Prima Othe		Aggregate Year-to-Date ▼ 1000.00			
	(Last, First, Middle Initial) s D Hummer III, MD		Date of Receipt		
	dress 1157 Avonlea Circle	06 17 Y Y Y Y Y Y			
City Glen Mills		State Zip Code PA 19342	Transaction ID : 4926167 Amount of Each Receipt this Period		
	mber of contributing itical committee.	C	1000.00		
Name of E	mployer	Occupation			
Premier Or	•	Orthopaedic Surgeon			
Receipt Fo Prima Othe		Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL	of Receipts This Page (optional)	>	2250.00		

TOTAL This Period (last page this line number only).....